Vermont Medicaid and Exchange Advisory Committee Meeting Agenda

1.	10:00	Call to Order	Devon Green and Erin Maguire, Co-Chairs
2.	10:00	Roll Call	Zack Goss, Health Care Training and Communication
		Establish Quorum	Manager (DVHA)
		Approve Previous Minutes	
3.	10:10	Co-Chair Nomination for July 2021-	Zack Goss, Health Care Training and Communication
		June 2022 Term	Manager (DVHA)
4.	10:15	Committee Discussion: American	Nissa James, Health Care Director (Overview)
		Rescue Plan Act (ARPA) & Effectively	
		Communicating Changes to	Committee Member Discussion
		Vermonters	
5	11:00	Commissioner's Office Update	Sandi Hoffman, Deputy Commissioner (DVHA)
			Addie Strumolo, Deputy Commissioner (DVHA)
			Nissa James, Health Care Director
6.	11:30	1115 Global Commitment Waiver	Ashley Berliner, Director of Medicaid Policy (DVHA)
		Renewal Overview	
7.	11:45	Public Comment	Devon Green and Erin Maguire, Co-Chairs
8.	11:50	Final Committee Discussion	Devon Green and Erin Maguire, Co-Chairs
		<u>-</u>	
9.	12:00	Adjourn	Devon Green and Erin Maguire, Co-Chairs

May 24, 2021 10am-12pm



Roll Call, Quorum, April 26, 2021 Meeting Minutes

Devon Green and Erin Maguire, Co-Chairs Zack Goss, Health Care Training and Communication Manager (DVHA)



Co-Chair Nomination for July 2021-June 2022 term

Zack Goss Health Care Training and Communication Manager (DVHA)



The American Rescue Plan Act and Vermont's Health Insurance Marketplace – Effectively Communicating Changes for Vermonters

Nissa James Health Care Director (DVHA)

Committee Discussion of Draft Approach



- 2) Tax Credit Eligibility for Vermonters with Much Higher Incomes for 2021 and 2022
- 3) Opportunity for Zero-Premium Plans with Very Low Out-of-Pocket Costs for Households with 2021 Unemployment Compensation for 2021
- 4) Holiday from Tax Credit Reconciliation for 2020 only
- 5) Full COBRA reimbursement for six months (April 1 Sept 30, 2021)

Require System Updates

Impacts Current Exchange
Members and Direct Enrollees



Key 2021 Milestones for Vermont's Health Insurance Marketplace

Special Enrollment Period for New Members

All winter, spring, and summer: Vermonters have been able to enroll in the marketplace through a COVID special enrollment period, extended until October 1 to allow:

- Vermonters without insurance to take advantage of the new American Rescue Plan Act (ARPA) subsidies
- Vermonters on COBRA to enroll in the marketplace after their temporary COBRA subsidy ends in September.

Plan Transfers from Direct-Enroll

April-Nov: Members who direct-enrolled with an issuer can transfer their plan into the marketplace.

Members will qualify for tax credits for every month enrolled in the marketplace – so it pays to act soon.

They will be able to take this tax credit as a tax refund next spring and/or as a discount on their monthly bill later this year.

Any payments already made toward the deductible and out-of-pocket limit will transfer with their plan.

Applying Subsidies for New and Current Members

June: System updates will be deployed.

Members will automatically be told of their new subsidy calculations. They will have the opportunity to apply some or all of their new tax credits as a discount on future bills.

Vermonters who hadn't wanted to enroll at previous levels of subsidies will be able to enroll and take advantage of new subsidies.

Opportunity to Change Plans Mid-year

Summer: Members can decide to change to a different metal level or plan design that best meets their needs and takes fullest advantage of their new subsidies.

An updated 2021 Plan Comparison Tool is already available to help them plan for their summer decision.

2022 Open Enrollment

Nov-Dec: Most of ARPA's expanded subsidies continue into 2022.

Starting in 2022, all members will pay their monthly premium to their insurance company.

To qualify for subsidies, members still must apply and select a plan through the marketplace.



DEPARTMENT OF VERMONT HEALTH ACCESS

Who, What, and When

If you:	What can you do right now?	What can you do this summer?
Don't have health insurance	Apply for coverage and financial help through Vermont Health Connect.	Login to your account or call us to start getting your premium tax credits in advance.
Are enrolled with Vermont Health Connect	You don't need to do anything right now.	Login to your account or call us to start getting your premium tax credits in advance.
Get health insurance directly from Blue Cross and Blue Shield of Vermont or MVP Health Care	Read our instructions for transferring your qualified health plan. The sooner you transfer your plan, the more tax credits you will get!	Login to your account or call us to start getting your premium tax credits in advance. You can also switch plans.
Got unemployment benefits in 2021	Call Vermont Health Connect and tell us you got unemployment in 2021. You'll get extra financial help.	Login to your account or call us to start getting your premium tax credits in advance.
Have COBRA coverage	You don't need to do anything. The federal government will pay your COBRA premiums through September 2021. If your COBRA coverage has not yet started, you can enroll through Vermont Health Connect instead.	Decide if you want to enroll in Vermont Health Connect coverage when the federal government stops paying your COBRA premium after September 2021.
Have job-based insurance	You don't need to do anything. People with affordable job-based insurance can't get financial help through Vermont Health Connect.	
Have Medicaid or Medicare	You don't need to do anything. People with Medicaid or Medicare can't get premium tax credits.	

Guiding Framework for Communications

These questions are intended to be used as a checklist for DVHA staff working on communications, including education and outreach activities, to guide effective communications during the process of material development.

- 1). Is the material accessible?
- 2). Is the material actionable?
- 3). Is the material **credible and trusted**?
- 4). Is the material **relevant**?
- 5). Is the material **timely**?
- 6). Is the material understandable?



Effectively Communicating Expanded Premium Tax Credit Opportunities for Vermonters

In addition to sending direct communications to members and prospective members, the Department of Vermont Health Access is developing a partner toolkit that will have at least the following materials:

- Sample social media posts;
- Short videos;
- Flyers;
- Sample annotated links to add to websites; and
- Sample newsletter articles.

Of the materials listed above, what would your networks be most likely to use and what, if any, other tools would be on your wish list?



Effectively Communicating Expanded Financial Help

Audience	Message	Best Messaging Pathway (Channel)
General Public	"New, lower costs are here! Find health coverage now." – HealthCare.gov "Newly expanded financial help for 2021 will mean most Vermonters pay less for health insurance this year than in past years." "More Vermonters than ever can get financial help to lower the cost their health plan, but they must enroll through the health insurance marketplace, Vermont Health Connect."	 Mass media (broad reach) Organization and community (community-based organizations, including those serving vulnerable populations) Interpersonal (family, friends, providers, employers, colleagues sharing information)
Vermonters who do not have health insurance (i.e., are uninsured)	"Newly expanded financial help for 2021 will mean most Vermonters pay less for health insurance this year than in past years. Apply for coverage and financial help through the State's health insurance marketplace, Vermont Health Connect, to see how much financial help you are eligible for."	 Organization and community (community- based organizations, including those serving vulnerable populations)

Effectively Communicating Expanded Financial Help

Audience	Message	Best Messaging Pathway (Channel)	
Vermonters who purchase insurance directly from health insurance carriers (BCBSVT and MVP)	"Transferring your qualified health plan to the State's health insurance marketplace, Vermont Health Connect, is required to receive the newly expanded financial help for paying for health insurance. The sooner you transfer your plan, the more financial help you will get!"	 Mass media (broad reach) Organization and community (community based organizations, including those servi vulnerable populations) Interpersonal (family, friends, providers, employers, colleagues sharing information 	
Vermonters who are already enrolled through the State's health insurance marketplace (i.e., Vermont Health Connect)	"Newly expanded financial help for 2021 will mean most Vermonters pay less for health insurance this year than in past years. Log-in to your account or call the State's health insurance marketplace, Vermont Health Connect, to see how much additional financial help you are eligible for."	 Mass media (broad reach) Organization and community (community-based organizations, including those serving vulnerable populations) Interpersonal (family, friends, providers, employers, colleagues sharing information) 	

Effectively Communicating Expanded Financial Help

Audiones	Maccaga	Post Mossaging Dathway (Channel)
Audience	Message	Best Messaging Pathway (Channel)
Vermonters who received unemployment benefits in 2021	"You may be eligible for extra financial help to pay for health insurance if you received unemployment benefits in 2021. Call the State's health insurance marketplace, Vermont Health Connect, and tell us you received unemployment benefits to see how much financial help you are eligible for."	 Mass media (broad reach) Organization and community (community-based organizations, including those serving vulnerable populations) Interpersonal (family, friends, providers, employers, colleagues sharing information)
Vermonters who have COBRA coverage	"The Federal government will pay your COBRA premiums through September 2021. If your COBRA coverage has not yet started, you can enroll through the State's health insurance marketplace, Vermont Health Connect, instead."	 Mass media (broad reach) Organization and community (community-based organizations, including those serving vulnerable populations) Interpersonal (family, friends, providers, employers, colleagues sharing information)

Commissioner's Office Update

Addie Strumolo, Deputy Commissioner (DVHA) Sandi Hoffman, Deputy Commissioner (DVHA) Nissa James, Health Care Director (DVHA)



1115 Global Commitment Waiver Renewal Overview

Ashley Berliner
Director of Medicaid Policy (DVHA)



Global Commitment to Health 1115 Demonstration Renewal

MEAC

May 24, 2021



Overview of Existing Demonstration



What is a Section 1115 Demonstration?

- Section 1115 of the Social Security Act permits the federal government to approve demonstrations (aka "waivers") that waive requirements of federal Medicaid law.
- 1115 Demonstrations:
 - Are designed to test policy innovations and further the objectives of the Medicaid program.
 - Must be budget neutral to the federal government.
 - Are subject to evaluation and initially approved for 3-5 years (though some elements may be approved for up to 10 years)
- States must provide public process for notice and comment on proposed demonstration application.



Background:

- Vermont first received federal government approval to operate its Global Commitment to Health Section 1115 demonstration in 2005.
- Today, the Global Commitment demonstration covers nearly all of Vermont's Medicaid program, and allows the Department of Vermont Health Access (DVHA) to provide Medicaid services as a non-risk bearing managed care plan.
- The Global Commitment demonstration also allows Vermont to fund investments for health-related services and programs, such as flexible family funding, emergency medical services, and public health programs.
- Investments funded under the Global Commitment demonstration have been instrumental in helping Vermont achieve among the highest levels of <u>access</u> to care and maintain one of the <u>healthiest populations</u> in the nation.



Global Commitment Demonstration Features

Since it was first approved in 2005, the Global Commitment demonstration has expanded coverage, made Vermont a national leader in health care payment reform, and helped foster a healthy population and strong health care system.

Far Reaching Impact

- The Global Commitment demonstration has **expanded** healthcare coverage for Vermonters by:
 - Helping over 20,000 low-and middle-income
 Vermonters purchase Marketplace coverage and
 - Covering home and community-based services for older adults and individuals with disabilities or serious mental illness who are not eligible for full Medicaid benefits, but are at risk of needing care in a nursing home or psychiatric hospital.
- Global Commitment investments cover programs and initiatives that impact all Vermonters, regardless of healthcare coverage

Innovative Payment Reform

- Medicaid is an anchor payer in Vermont's
 All Payer ACO model. Vermont is one of
 only two states nationally with a
 payment model that meets criteria for
 Category 4 the Health Care Payment
 Learning Action Network's (HCP-LAN)
 Alternative Payment Model (APM)
 Framework.
- Vermont is also pursuing cutting-edge value-based payment (VBP) arrangements for Medicaid providers typically excluded from VBP arrangements, such as mental health and developmental disability services providers.

Strong Performance

- The Global Commitment demonstration has helped Vermont increase health care coverage in the state, with almost 97% of Vermonters insured as of 2018
- The Commonwealth Fund ranked Vermont sixth nationally on a composite measure of "healthy lives," indicating low prevalence of chronic disease, low infant mortality, and high percentage of individuals of good health status
- Mental Health America ranks Vermont as the top state nationally for access to mental health care
- The Long-Term Services and Supports (LTSS) State Scorecard ranks Vermont fifth nationally in <u>overall</u> <u>LTSS system performance</u>

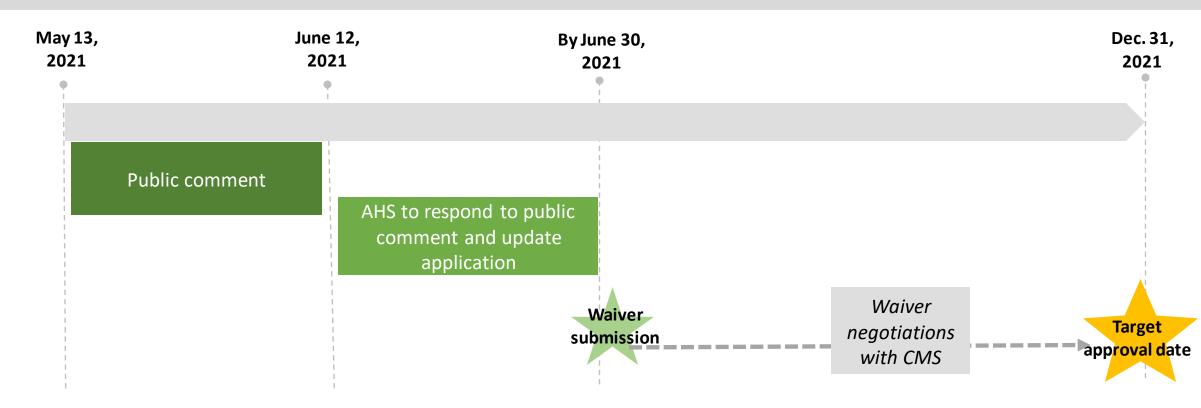


Demonstration Renewal



Timeline for Global Commitment Renewal

The Global Commitment demonstration expires December 31, 2021. Vermont is seeking public comments on the renewal application until June 12, 2021 for submission to CMS by the end of the month.





The Renewal Offers New Opportunities to Advance Vermont's Health Coverage, Access and Quality Goals

The renewal will build upon accomplishments from prior demonstration periods and advance new, ambitious goals to improve health care for the Medicaid population and all Vermonters.

Goals for demonstration renewal

- Advance toward population-wide comprehensive coverage
- Implement innovative, whole person care models across the care continuum
- Engage Vermonters in transforming their health

- Strengthen care coordination and population health management capabilities to encompass the full spectrum of health-related services and supports
- Accelerate groundbreaking payment reform

Vermont is seeking a 5-year renewal, but will discuss with CMS the possibility of obtaining a 10-year renewal for certain long-standing demonstration features



Managed Care Flexibilities are Central to Achieving Demonstration Goals

As part of the renewal, AHS is proposing that DVHA serve as a risk-bearing Medicaid managed care plan, taking on population health accountability and responsibility for all Medicaid populations and services.

Delivery Model Overview

- DVHA will function as a public, risk-bearing Medicaid managed care plan and will be subject to Medicaid managed care regulations.
- AHS will pay DVHA a monthly capitation rate for each Medicaid enrollee, which will include all Medicaid services.
- DVHA will manage spend within this capitation rate, working closely with the Department of Disabilities, Aging and Independent Living (DAIL), the Department of Mental Health, Alcohol and Drug Abuse Programs (ADAP) and other AHS departments with population-specific expertise
- Like a commercial managed care plan, DVHA will have the ability to offer in lieu of services and flexibility in how it uses its profits. Unlike a commercial managed care plan, DVHA will use all of its profits to reinvest in the people of Vermont through reforms and initiatives that advance whole-person health.
- Vermont will cover Medicaid and Medicaid-like services and programs through a combination of the following approaches:
 - State Plan and in lieu of services under the capitation rate
 - Care management and quality improvement initiatives under the capitation rate
 - DVHA profits that pay for value-added services and population health initiatives benefitting all Vermonters
 - Discrete expenditure authorities under the demonstration



Advancing Toward Population-Wide, Comprehensive Coverage

Vermont proposes to add several new initiatives that will further expand coverage in the State.

Proposed New Initiatives

- Obtain federal Medicaid matching funds for services provided to incarcerated adults 90 days prior to their scheduled date of release.
 These pre-release inmates would receive full State Plan benefits.
- Create a new eligibility group for uninsured or underinsured Vermonters between 133% and 225% FPL with a SUD, granting access to a robust set of SUD treatment benefits, such as peer supports, skilled therapy services, crisis supports and residential treatment

Key continuing demonstration features include:

- Coverage for the Moderate Needs Group for Choices for Care (CFC)
- Community Rehabilitation and Treatment (CRT) expansion group
- Presumptive Medicaid eligibility for pregnant women
- Marketplace subsidies to help Vermonters purchase qualified health plans
- VPharm prescription drug premium and copay assistance for Vermonters enrolled in Medicare Part D



Implementing Innovative, Whole Person Care Models Across the Care Continuum

Vermont offers a robust array of services across the continuum of care. In the demonstration renewal, Vermont proposes several initiatives to fill remaining gaps in the continuum.

Proposed New Initiatives

- Provide access to residential and inpatient mental health and SUD services for pregnant and postpartum individuals and mothers with children up to age 5 obtaining care in the Lund Home
- Implement a Permanent Supportive Housing Pilot that would allow Vermont to cover pre-tenancy supports, tenancy sustaining services, and community transition services for adults who meet specific health- and risk-based criteria. Example services include housing needs assessments, connections to community resources, and coverage of expenses associated with landlord risk mitigation

Key continuing demonstration features include:

- Programs that provide home and community-based waiverlike services:
 - CFC
 - Developmental Disabilities Services
 - Brain Injury Program
 - Intensive Home and Community Based Services
 - CRT
- Enhanced hospice benefits for Vermonters with life-limiting illnesses
- Palliative care program for children with life limiting diseases
- Waivers of the IMD exclusion for mental health and SUD treatment



Engaging Vermonters in Transforming Their Health

Vermont will seek expenditure authority for several of the programs and services funded as investments under the current demonstration.

Expenditure Authorities to Maintain Current Programs and Services

- **Public health infrastructure**, including, but not limited to:
 - Infectious disease epidemiology and disease control
 - Tobacco control program
 - Preventative services, such as immunizations and fluoride treatment
 - Poison control and lead poisoning prevention
 - Laboratory testing
- Blueprint for Health care coordination programs, including staff who supervise Blueprint's care coordination initiatives, lead quality improvement initiatives, and administer self-management programming
- Programs to strengthen Vermont's **healthcare professional workforce**, such as loan repayment programs for physicians and dentists



Engaging Vermonters in Transforming Their Health (cont.)

Other programs and services currently funded as investments will be funded using DVHA's managed care profits. Covering these investments under the DVHA risk-bearing managed care plan will allow Vermont to continue to provide these critical initiatives and services, while having flexibility to implement and test new programs to promote health.

Programs and Activities to be Continued Using Managed Care Profits

- Funding for Parent Child Centers which provide outreach to expectant and new parents, classes for parents and childcare providers, and home visits
- Respite services to provide short-term support and relief to families of children and adolescents with significant mental health issues and serious emotional disturbances
- Mobility training and other services for blind and visually impaired Vermonters aged 55+ regardless of insurance coverage
- Grants to non-profits that provide support services to families that are homeless or at risk of homelessness
- Clinical assessment and individualized treatment, individual, group and family therapy; psychiatric evaluation, medication
 management; case management; community support and other services for children diagnosed with serious emotional
 disturbance, who are uninsured or not yet enrolled in Medicaid.

Strengthening Care Coordination and Pop. Health Management Capabilities to Encompass Full Spectrum of Health-Related Services and Supports

Vermont intends to improve upon its already strong care coordination and population health management infrastructure through Blueprint for Health, Vermont's Health Information Exchange (VHIE), the All-Payer ACO Model, HCBW-like programs, and the Vermont Chronic Care Initiative.

Proposed New Initiatives

- **Provide more integrated care coordination** by increasing alignment between Blueprint and other programs offering care coordination within Medicaid, the ACO, and through other payers.
- Obtain federal matching funds for data exchange initiatives that will allow more providers to participate in health information exchange and community information exchange to support care coordination.



Accelerating Groundbreaking Payment Reform

With the demonstration renewal, Vermont will continue to transition to value-based payment (VBP), and will seek to fully evolve the Medicaid program to a more advanced VBP model over the next ten years.

Proposed New Initiatives

- Continue to refine VBP arrangements and, over time, move towards more advanced VBP models for all providers including those working in:
 - Mental health
 - SUD treatment
 - LTSS (including HCBW-like programs)



Budget Neutrality and Proposed Waivers

This demonstration will be **budget neutral**.

For more information on projected demonstration enrollment and costs, as well as a full list of waiver and expenditure authorities requested, see the waiver application at: 2022 Waiver Documents.



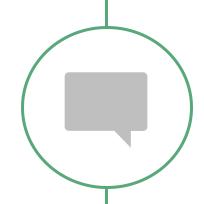
Submission of Public Comments

To review and submit comments on the waiver, visit: 2022 Waiver Documents.

Public comments may be submitted until midnight on **June 12**th, by email or regular mail.

Please indicate "1115 Renewal Public Comment" in any public comments submitted by email or regular mail.

By Email	By Regular Mail
AHS.MedicaidPolicy@vermont.gov	Medicaid Policy Unit 280 State Drive, NOB 1 South Waterbury, VT 05671-1010





Public Comment & Final Committee Discussion

Adjourn

Devon Green and Erin Maguire, Co-Chairs

